

Travel & Expense Account Summary

Employee Name Lynn Daucher
Expense Dates 02/02/10-02/04/10
Report Name Feb2010 TEC-LD

Request Total \$ 346.90
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 346.90

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Feb TEC	346.90

NOTE: (d)=Direct Charge

DATE	Tue Feb 2	Wed Feb 3	Thu Feb 4							TOTAL
Commercial Air Fare	59.70		158.70							218.40
Mileage, Personal Auto	14.50	105.00								119.50
Parking, Auto		9.00								9.00
TOTALS \$	74.20	114.00	158.70							346.90

CLAIMANT'S NAME Daucher, Lynn			SSAN OR EMPLOYEE NUMBER*		DEPARTMENT CA Department of Aging	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU Directorate			INDEX NUMBER
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 1300 National Drive, Ste 200			TELEPHONE NUMBER 916-419-7500
CITY Sacramento	STATE CA	ZIP CODE	CITY Sacramento, CA			STATE CA
						ZIP CODE 95834

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION							(8)	(9)
2	2010	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A)	(B)	(C)	(D)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
(2) DATE	TIME							COST OF TRANS	TYPE USED	CARFARE TOLLS PARKING	MILES	AMOUNT				
22	1700	Sacramento to Oakland							SC							
23	1430	Oakland to Sacramento							SC		160	N/A(SC)				
		SUBTOTALS									160					
		COLUMN CODE (ACCTG USE ONLY)														
		CLAIM TOTAL	<i>warning - mileage total at right may contain SC miles--></i>													

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required) 2/22-23 - Site visit for Lifelong Medical Center and PACE Program							(12) NORMAL WORK HOURS																																																		
							(13) PRIVATE VEHICLE LICENSE NUMBER																																																		
							(14) MILEAGE RATE CLAIMED																																																		
<table border="1"> <thead> <tr> <th colspan="7">CALSTARS CODING</th> </tr> <tr> <th>FY</th> <th>INDEX</th> <th>OBJ</th> <th>AG</th> <th>PCA</th> <th>AMOUNT</th> <th>PROJ-WP</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>							CALSTARS CODING							FY	INDEX	OBJ	AG	PCA	AMOUNT	PROJ-WP																																				(14) MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NO.	
CALSTARS CODING																																																									
FY	INDEX	OBJ	AG	PCA	AMOUNT	PROJ-WP																																																			
(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.																																																									
CLAIMANT'S SIGNATURE			DATE		(16) SIGNATURE, OFFICER APPROVING TRAVEL & PAYMENT		DATE																																																		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 in instructions)							DATE																																																		